

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480477

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: MAASSEN OIL CO., INC.

**Current Principal Place of Business:**

612 N BREVARD AVE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 877  
ARCADIA, FL 34265 US

**New Mailing Address:**

FEI Number: 59-1608783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAASSEN, JOHN S., III  
612 N. BREVARD AVENUE  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SDT ( ) Delete  
Name: MAASSEN, KATHRYN,  
Address: 1440 N ARCADIA AVE  
City-St-Zip: ARCADIA, FL 00000, 34266

Title: PD ( ) Delete  
Name: MAASSEN, JOHN, III,  
Address: 2490 NW OWENS AVE  
City-St-Zip: ARCADIA, FL 00000, 34266

Title: VD ( ) Delete  
Name: MAASSEN, DAVID LAMBE, RT  
Address: 140 S. OSCEOLA AVENUE  
City-St-Zip: ARCADIA, FL 00000, 34266

Title: VD ( ) Delete  
Name: MAASSEN, FRANK EDWAR, D  
Address: HANSEL ROAD  
City-St-Zip: ARCADIA, FL 00000, 34266

Title: C ( ) Delete  
Name: MAASSEN JR., JOHN S.,  
Address: 1440 NORTH ARCADIA AVE  
City-St-Zip: ARCADIA, FL 00000, 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. MAASSEN

VD

07/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date